

PERSONAL FINANCIAL STATEMENT**FORM PFS
COVER SHEET**

Filed in accordance with Government Code Chapter 572
 For filings required in 2004 covering calendar year ending December 31 2003
 Use FORM PFS- INSTRUCTION GUIDE when completing this form

TOTAL NUMBER OF PAGES FILED

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Date Imaged

1 NAME TITLE, FIRST MI
 Ms C. Joan
 NICKNAME LAST SUFFIX
 Huffman

2 ADDRESS ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
 1201 Franklin, 18th floor
 Houston, Texas 77002

3 TELEPHONE AREA CODE PHONE NUMBER EXTENSION
 713) 755-6354

4 REASON FOR FILING STATEMENT CANDIDATE _____ (INDICATE OFFICE)
 ELECTED OFFICER Judge - 183rd District Court (INDICATE OFFICE)
 APPOINTED OFFICER _____ (INDICATE AGENCY)
 EXECUTIVE HEAD _____ (INDICATE AGENCY)
 FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
 STATE PARTY CHAIR _____ (INDICATE PARTY)
 OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity)

SPOUSE _____

DEPENDENT CHILD 1 _____

2 _____

3 _____

In Parts 1 through 15 you will disclose your financial activity during the preceding calendar year. In Parts 1 through 10 you are required to disclose not only your own financial activity but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

SOURCES OF OCCUPATIONAL INCOME**PART 1A**

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD State of Texas Austin, Texas NATURE OF OCCUPATION Judge
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER <input type="checkbox"/> SELF EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD NATURE OF OCCUPATION
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

RETAINERS**PART 1B**

N/A

This section concerns fees received as a retainer by you, your spouse or a dependent child (or by a business in which you, your spouse or a dependent child have a substantial interest) for a claim on future services in case of need rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information see FORM PFS INSTRUCTION GUIDE.

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000-OR MORE
FEE RECEIVED FROM NAME AND ADDRESS	
FEE RECEIVED BY <input type="checkbox"/> FILER OR FILER'S BUSINESS _____ <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____ <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____	
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000-OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

STOCK**PART 2**

N/A

List each business entity in which you your spouse or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired If some or all of the stock was sold also indicate the category of the amount of the net gain or loss realized from the sale For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 BUSINESS ENTITY	NAME				
2 STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1 000 TO 4 999	
	<input type="checkbox"/> 5 000 TO 9 999	<input type="checkbox"/> 10 000 OR MORE			
4 IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
	<input type="checkbox"/> NET LOSS				
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1 000 TO 4 999	
	<input type="checkbox"/> 5 000 TO 9 999	<input type="checkbox"/> 10 000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
	<input type="checkbox"/> NET LOSS				
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1 000 TO 4 999	
	<input type="checkbox"/> 5 000 TO 9 999	<input type="checkbox"/> 10 000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
	<input type="checkbox"/> NET LOSS				
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1 000 TO 4 999	
	<input type="checkbox"/> 5 000 TO 9 999	<input type="checkbox"/> 10 000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
	<input type="checkbox"/> NET LOSS				
BUSINESS ENTITY	NAME				
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____	
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1 000 TO 4 999	
	<input type="checkbox"/> 5 000 TO 9 999	<input type="checkbox"/> 10 000 OR MORE			
IF SOLD	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
	<input type="checkbox"/> NET LOSS				

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BONDS, NOTES, AND OTHER COMMERCIAL PAPER

PART 3

N/A

List all bonds notes and other commercial paper held or acquired by you your spouse or a dependent child during the calendar year If sold indicate the category of the amount of the net gain or loss realized from the sale For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

¹ DESCRIPTION OF INSTRUMENT			
² HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
³ IF SOLD	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 \$9 999 <input type="checkbox"/> \$10 000 \$24 999 <input type="checkbox"/> \$25 000 OR MORE		
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 \$9 999 <input type="checkbox"/> \$10 000 \$24 999 <input type="checkbox"/> \$25 000 OR MORE		
DESCRIPTION OF INSTRUMENT			
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
IF SOLD	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 \$9 999 <input type="checkbox"/> \$10 000 \$24 999 <input type="checkbox"/> \$25 000 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES, AND RENTS

PART 4

N/A

List each source of income you your spouse or a dependent child received *in excess of \$500* that was derived from interest dividends royalties and rents during the calendar year and indicate the category of the amount of the income For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 SOURCE OF INCOME	NAME AND ADDRESS		
2 RECEIVED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE		
SOURCE OF INCOME	NAME AND ADDRESS		
RECEIVED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE		
SOURCE OF INCOME	NAME AND ADDRESS		
RECEIVED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500-\$4,999 <input type="checkbox"/> \$5,000-\$9,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$25,000-OR MORE		
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY			

PERSONAL NOTES AND LEASE AGREEMENTS

PART 5

Identify each guarantor of a loan and each person or financial institution to whom you your spouse or a dependent child had a total financial liability of more than \$1 000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability For more information see FORM PFS -INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Harris County Federal Credit Union			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR	Jeff- signature loan			
4 AMOUNT	<input type="checkbox"/> \$1 000 \$4 999	<input checked="" type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000- OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR				
AMOUNT	<input type="checkbox"/> \$1 000 \$4 999	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT				
LIABILITY OF	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR				
AMOUNT	<input type="checkbox"/> \$1 000 \$4 999	<input type="checkbox"/> \$5 000 \$9 999	<input type="checkbox"/> \$10 000 \$24 999	<input type="checkbox"/> \$25 000 OR MORE
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY				

INTERESTS IN REAL PROPERTY**PART 6A**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of beneficial interest and other specific directions for completing this section see FORM PFS INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 350 Colorado
3 STREET ADDRESS <input checked="" type="checkbox"/> NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS <input type="checkbox"/> NOT APPLICABLE	Houston, Texas 77005
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY**PART 6A**

Describe all beneficial interests in real property held or acquired by you your spouse or a dependent child during the calendar year If the interest was sold also indicate the category of the amount of the net gain or loss realized from the sale For an explanation of beneficial interest and other specific directions for completing this section see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
3 STREET ADDRESS <input type="checkbox"/> NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE 3320 Rice Houston, Texas 77005
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
STREET ADDRESS <input type="checkbox"/> NOT APPLICABLE	STREET ADDRESS INCLUDING CITY COUNTY AND STATE
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES**PART 6B**

N/A

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of beneficial interest and other specific directions for completing this section, see FORM PFS INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS		
3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 - \$9 999 <input type="checkbox"/> \$10 000 - \$24 999 <input type="checkbox"/> \$25 000 OR MORE		
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 - \$9 999 <input type="checkbox"/> \$10 000 - \$24 999 <input type="checkbox"/> \$25 000 OR MORE		
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000 - \$9 999 <input type="checkbox"/> \$10 000 - \$24 999 <input type="checkbox"/> \$25 000 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

GIFTS**PART 7***N/A*

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse or a dependent child and describe the gift. Do not include 1) expenditures required to be reported by a person required to be registered as a lobbyist under Government Code Chapter 305, 2) political contributions reported as required by law, or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information see FORM PFS INSTRUCTION GUIDE.

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 DONOR	NAME AND ADDRESS		
2 RECIPIENT	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION OF GIFT			
DONOR	NAME AND ADDRESS		
RECIPIENT	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT			
DONOR	NAME AND ADDRESS		
RECIPIENT	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

TRUST INCOME**PART 8***N/A*

Identify each source of income received by you your spouse or a dependent child as beneficiary of a trust and indicate the category of the amount of income received Also identify each asset of the trust from which the beneficiary received more than \$500 in income if the identity of the asset is known For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 SOURCE	NAME OF TRUST		
2 BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 INCOME	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN			

SOURCE	NAME OF TRUST		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN			

SOURCE	NAME OF TRUST		
BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CORPORATE & PARTNERSHIP ASSETS

PART 9A

N/A

Describe all assets of each corporation or partnership in which you your spouse or a dependent child held acquired or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS		
2 HELD ACQUIRED OR SOLD BY		<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE
		<input type="checkbox"/> DEPENDENT CHILD _____	
3 ASSETS	DESCRIPTION	CATEGORY	
		<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000-\$9 999
		<input type="checkbox"/> \$10 000-\$24 999	<input type="checkbox"/> \$25 000-OR MORE
		<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000-\$9 999
		<input type="checkbox"/> \$10 000-\$24 999	<input type="checkbox"/> \$25 000-OR MORE
		<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000-\$9 999
		<input type="checkbox"/> \$10 000-\$24 999	<input type="checkbox"/> \$25 000-OR MORE
		<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000-\$9 999
		<input type="checkbox"/> \$10 000-\$24 999	<input type="checkbox"/> \$25 000-OR MORE
		<input type="checkbox"/> LESS THAN \$5 000	<input type="checkbox"/> \$5 000-\$9 999

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

CORPORATE & PARTNERSHIP LIABILITIES

PART 9B

N/A

Describe all liabilities of each corporation or partnership in which you your spouse or a dependent child held acquired or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

1 CORPORATION OR PARTNERSHIP	NAME AND ADDRESS		
2 HELD ACQUIRED OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 LIABILITIES	DESCRIPTION	CATEGORY	
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		
	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999		
	<input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

BOARDS AND EXECUTIVE POSITIONS**PART 10***N/A*

List all boards of directors of which you your spouse or a dependent child are a member and all executive positions you your spouse or a dependent child hold in corporations firms partnerships or proprietorships stating the name of the organization and the position held For more information see FORM PFS INSTRUCTION GUIDE

When reporting information about a dependent child's activity indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet

¹ ORGANIZATION			
² POSITION HELD			
³ POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**EXPENSES ACCEPTED UNDER
HONORARIUM EXCEPTION****PART 11***N/A*

Identify any person who provided you with necessary transportation meals or lodging as permitted under Penal Code section 36.07(b) in connection with a conference or similar event in which you rendered services such as addressing an audience or participating in a seminar that were more than perfunctory. Also provide the amount of the expenditures on transportation meals or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report or expenditures required to be reported by a lobbyist under the lobby law (Government Code Chapter 305). For more information see FORM PFS INSTRUCTION GUIDE.

1 PROVIDER	NAME AND ADDRESS
2 AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**INTEREST IN BUSINESS
IN COMMON WITH LOBBYIST****PART 12***N/A*

Identify each partnership, joint venture, or other business association, other than a publicly held corporation, in which you and a person registered as a lobbyist under Government Code Chapter 305 both have an interest. For more information see FORM PFS INSTRUCTION GUIDE

1 BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
BUSINESS ENTITY	NAME AND ADDRESS
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**FEES RECEIVED FOR SERVICES RENDERED
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 13***N/A*

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under Government Code Chapter 305 or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided and indicate the category of the amount of each fee. For more information see FORM PFS -INSTRUCTION GUIDE

1 PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
2 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE
PERSON OR ENTITY FOR WHOM SERVICES WERE PROVIDED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**REPRESENTATION BY LEGISLATOR
BEFORE STATE AGENCY****PART 14***N/A*

This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information see FORM PFS INSTRUCTION GUIDE.

Note: Beginning September 1, 2003, legislators may not represent another person before a state agency in the executive branch. The prohibition does not apply if (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

1 STATE AGENCY	
2 PERSON REPRESENTED	
3 FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5 000 <input type="checkbox"/> \$5 000-\$9 999 <input type="checkbox"/> \$10 000-\$24 999 <input type="checkbox"/> \$25 000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BENEFITS DERIVED FROM FUNCTIONS
HONORING PUBLIC SERVANT**

N/A

PART 15

Penal Code Section 36.10 provides that the gift prohibitions set out in Penal Code Section 36.08 do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under Government Code Chapter 572 or Election Code Title 15 if the benefit and the source of any benefit over \$50 in value are 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under Election Code Title 15 the benefit is reportable here. For more information see FORM PFS INSTRUCTION GUIDE

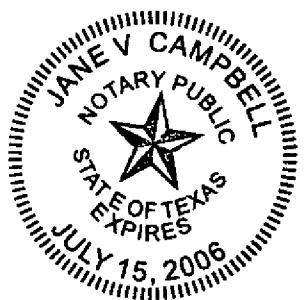
¹ SOURCE OF BENEFIT	NAME AND ADDRESS
² BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	
SOURCE OF BENEFIT	NAME AND ADDRESS
BENEFIT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear or affirm that my financial statement is true and correct and includes all information required to be reported by me under Chapter 572 Government Code



AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Filer

Sworn to and subscribed before me by the said Jane Huffman this the 27 day
of April 2004 to certify which witness my hand and seal of office



Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath



Notary